

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001104

**Entity Name:** ARMFIELD, HARRISON & THOMAS, INC.

**Current Principal Place of Business:**

20 SOUTH KING STREET  
LEESBURG, VA 20175

**Current Mailing Address:**

20 SOUTH KING STREET  
LEESBURG, VA 20175

**FEI Number:** 54-0654623

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            GREEN, ALEXANDER  
Address        20 SOUTH KING STREET  
City-State-Zip: LEESBURG VA 20175

Title            COO, DIRECTOR  
Name            ARMFIELD, KATHERINE L  
Address        20 SOUTH KING STREET  
City-State-Zip: LEESBURG VA 20175

Title            SECRETARY  
Name            HARMON, KATHLEEN  
Address        20 SOUTH KING STREET  
City-State-Zip: LEESBURG VA 20175

Title            TREASURER  
Name            SORRENTINO, LYNNE  
Address        20 SOUTH KING STREET  
City-State-Zip: LEESBURG VA 20175

Title            VP, DIRECTOR  
Name            SCHAEFER, DAVID  
Address        20 SOUTH KING STREET  
City-State-Zip: LEESBURG VA 20175

Title            VP, DIRECTOR  
Name            FORRESTER, GEORGE  
Address        20 SOUTH KING STREET  
City-State-Zip: LEESBURG VA 20175

Title            VP, DIRECTOR  
Name            WHITELEY, RICHARD  
Address        20 SOUTH KING STREET  
City-State-Zip: LEESBURG VA 20175

Title            VP, DIRECTOR  
Name            SANDER, WILLIAM  
Address        20 SOUTH KING STREET  
City-State-Zip: LEESBURG VA 20175

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LYNNE SORRENTINO

**TREASURE**

**03/31/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP, DIRECTOR  
Name UNO, STEVEN  
Address 20 SOUTH KING STREET  
City-State-Zip: LEESBURG VA 20175

Title OTHER, DIRECTOR  
Name GANLEY, MARK  
Address 20 SOUTH KING STREET  
City-State-Zip: LEESBURG VA 20175